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NOT BOUND TO SWEAR TO THE DOGMAS OF ANY MASTER.

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ORIGINAL COMMUNICATIONS.

THE SULPHITES.

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SULPHUROUS acid, or hydrogen sulphite H_2SO_3 , is one of the strong mineral acids. It attacks most all substances, forming in every case sulphites. It attacks living tissue very energetically, abstracting water and uniting with the sodium, potassium and other bases, converting them into sulphite salts. By virtue of its affinity for water, and the power of combination with the bases, it causes destruction of tissue, and is called an escharotic poison. It exhibits a decided tendency to take up oxygen and pass into sulphuric acid H_2SO_4 , and therefore acts as an energetic reducing agent. On boiling the acid a pungent, colorless and very irritating gas is evolved, and water is left. Thus $H_2SO_3 = H_2O + SO_2$, so sulphurous anhydride is the active principal of sulphurous acid, and it is to this active principal that all the properties of the acid are due. The avidity of this gas for water is so great that it will abstract it from any substance containing it, leaving that substance in a charred and blackened condition. Place a drop of the pure acid on the skin or any other white organic matter, and it will be immediately blackened, at the same time heat is evolved which produces the

sensation of burning. As no other acid except sulphuric will do this, it becomes a distinguishing test, and is sometimes made use of in medico-legal investigations. When introduced into the economy for therapeutical purposes, a solution not stronger than 5 to 10 per cent. should be used, or of sp. gr. 1027 to 1035. When stronger solutions are used the acid is liable to injure the enamel of the teeth, "set the teeth on edge," or to irritate and inflame the mucous membrane, etc.

In the proper dose it reacts on the phosphate and chloride salts of the gastric juice, forming sulphite salts and hydrochloric and phosphoric acids. Thus: $3 \text{ H}_2\text{SO}_3 + 2 \text{ NA}_3\text{PO}_4 = 2 \text{ H}_3\text{PO}_4 + 3 \text{ NA}_2\text{SO}_3$ and $\text{H}_2\text{SO}_3 + 2 \text{ K Cl} = 2 \text{ H Cl} + \text{K}_2\text{SO}_3$

The freed hydrochloric acid, and, to a lesser degree, the phosphoric acid, aid digestion by contributing to the formation of peptone. And thus, for a short period, digestion is improved; but, if persevered in, the use of this acid impairs digestion in several ways:

1. By diminishing the quantity of gastric juice secreted. As osmosis is necessary to the production of and secretion of gastric juice, and when, as we have an acid in the stomach and one in the gastric follicles, the condition is not favorable to osmosis, and, consequently, the production of gastric juice is interfered with. This is the mechanical or direct way in which it interferes with digestion.

2. Sulphurous acid being extremely diffusible and the blood alkaline, we have the most perfect conditions for osmosis, which takes place rapidly, converting the chlorides of the blood into sulphites and neutralizing or acidifying the blood, and here again altering the condition necessary for the production of gastric juice. This is the indirect or systematic way in which it interferes with digestion.

3. The natural salts of the blood have a rate of diffusion peculiar to each. When these salts are converted into sulphites, this natural rate of diffusion is altered, the new salt having a different rate of diffusion; hence, not only digestion but also assimilation is interfered with.

4. When we have a hypersecretion of gastric juice man-

ifested by acid eructations, pyrosis, ulcerative stomatitis, etc., surely we would add fuel to the flame if we give this acid during or after a meal; but, if given before the gastric juice is poured out, sulphuric acid, as heretofore explained, will reduce the quantity. Consequently, it becomes the proper medicine in these conditions.

5. We noticed, in the beginning of this article, the avidity with which sulphurous acid takes up oxygen and becomes sulphuric. We will turn this to account presently.

In that form of dyspepsia which gives rise to a fermentation of the starchy, fatty and saccharine constituents of the food we have formed, acetic, butric and lactic acids, carbonic acid gas, and sometimes sulphureted hydrogen, are evolved, and the patient is said to be troubled with flatulence. This fermentation is the breaking up of the albuminoids of the food by organic ferments (vegetable organisms) introduced with the food. The conditions necessary for this fermentation are the presence of warmth, moisture and oxygen. As sulphurous acid has the property of absorbing oxygen rapidly, it acts as an anti-ferment by removing one of the favorable conditions, and by this reaction it becomes sulphuric acid, both the sulphuric and sulphurous react on the salts contained in the food, again altering the conditions. At the same time the ferment is to a great extent destroyed by the acids, they being very destructive to the lower organisms. In these cases it is found that the acid acts better when given before meals. With its proper administration, the foul state of the stomach is corrected, the tongue is cleaned off and the bad breath is sweetened.

That form of dyspepsia attended with frequent vomiting, when dependent on the presence of *sarcinæ ventriculi*, *bacteria*, etc., is soon relieved by one or two dram doses of sulphurous acid (oil) about half an hour before meals. In these cases the result depends on the parasitical properties of the acid.

Some forms of diarrhoea are rapidly relieved by sulphurous acid, such as depend upon a hypersecretion of intestinal juice,

which, being alkali, is readily corrected by the acid; also when caused by entozoa, which it destroys. On account of its astringent properties, it is good in all forms of diarrhœa and all other relaxed conditions of the mucous membrane. It has been used very successfully in cutaneous parasitic affections, mixed with glycerine, or as a spray diluted with water. It is successfully used in the form of spray in all diseases of the throat and nares.

The sulphites of sodium and magnesium are frequently administered in place of the acid; the effect is nearly the same, for they will be converted into sulphurous acid when they meet the hydrochloric acid of the stomach, as $Na_2SO_3 + 2 H Cl = H_2SO_3 + 2 H Cl$, etc. The specific indications for sodium and magnesium sulphite is the broad pallid tongue, with a dirty white pasty coating, and frequently bad breath. For sulphurous acid the tongue is of nearly normal color, but dirty, with a moist paste, looking like fecal matter, and has a dull atonic appearance, with no papillæ, fauces and pharynx full and relaxed, moist sordes on the teeth, and breath fetid.

The sulphites are eliminated by the kidneys in the form of sulphates. All oxydizing agents are incompatible. All azy-motics are synergistic.

In the crystalline state sulphite of sodium contains 10 molecules of water with this formula: $Na_2SO_3 \cdot 10 H_2O$. This form in powder is generally used, dose 5 to 60 grains three times a day. When left in the air it will effloresce and become an impalpable powder, more powerful than before, and the dose is less. The dose of the acid is one-half to two drams (dil) three times a day.

STRABISMUS.

BY F. CORNWALL M. D., SAN FRANCISCO, CAL.

IN my previous article I spoke of convergent strabismus as it ordinarily occurred, being a disturbance of the relative movement of the eyes, and caused by hypermetropia. It is my purpose in treating of this anomaly to mention certain important facts connected with the diagnosis and treatment

of it which is not usually well understood by the profession. I shall not in any way undertake to give complete methods of diagnosis, or describe in detail, any of the surgical procedures which are employed, with greater or less success, to remedy the deformity; but shall merely make suggestions, which, it is to be hoped, may lead to investigations whereby a better understanding of the subject may be arrived at.

Divergent strabismus occurs next to convergent strabismus in frequency and is a result of myopia, or where there is an equality in the sight of the two eyes. In myopia there is an extreme amount of convergence required for the *far point*, which produces fatigue of the internal recti, and results in one eye deviating outwards. Divergent squint is sometimes, also, seen as a result of over correction after operations for convergent squint, which fact should caution the unexperienced operator against cutting too extensively.

The upward and downward squint is almost always caused by paralysis of some of the superior or inferior muscles, and are not to be confounded with the kind of cases of which we have been treating. It is of the greatest importance that any surgeon, who should think of attempting to operate for this abnormality, that he be able to discriminate between a paralytic squint and one in which the muscles possess their function perfectly, as it will materially change the feasibility of the operation, as well as, the prognosis of the case. The following rules may be relied upon to enable the surgeon to make a correct diagnosis.

1. The amount of squint is always the same no matter in what direction the patient looks, while in paralytic squint it becomes more marked when looking in the direction of the paralyzed muscle.
2. The squinting eye can follow all the movements of the good eye in all directions, which in paralysis is not the case.
3. Examining the eyes separately, we find that the movements of either of them is perfect while in paralysis this is not the case; the eye cannot be moved in the direction of the paralyzed muscle.

The treatment of divergent strabismus will often depend upon the cause, and consequently the condition of the refraction must be known. When the first symptoms of divergent squint appears in a child, it would be the imperative duty of the family physician to warn his patron of the approaching danger, and if not prepared to make suitable tests of the refraction of the eye, should advise the parent that no time should be lost till a specialist be consulted. Supposing, and it would probably be the case, that myopia should exist, by correction with proper glasses the deformity, in all probability, would be averted.

Owing to the anatomical condition of the part, the elongated ball of myopic eyes, and the peculiar attachments of the recti muscles, the operation of strabotomy—or division of the tendon—is not often practicable. In cases which are not caused by myopia the operation may be of service. There are a number of methods of performing tenotomy for the relief of strabismus any one of which claims some special merit. Some operate by making a vertical incision of the conjunctiva over the insertion of the tendon, while others make the conjunctival incision horizontal, over the central line of the muscle, by the latter method claiming that a recession of the caruncle may be avoided, which is liable to be the case with the vertical incision. When the operation by the vertical method is adopted it is necessary to draw the edges of the conjunctival wound together with a suture to prevent the occurrence referred to above.

The method I prefer, although a little more difficult to perform, is the subconjunctival section of the tendon. This operation is performed in a case of convergent squint, by grasping the conjunctiva and subconjunctival tissue with fixation forceps about four or five m. m. from the corneal margin at the lower margin of the internal rectus with the blades of the forceps in meridional direction of the globe, then with sharp pointed scissors curved on the flat, with their concavity toward the globe, the conjunctiva and Tenons' capsule is to be penetrated (making as small an opening as possible

obliquely downwards and inwards over the edge of the tendon. Before letting loose the fixation forceps, the point of a strabismus hook is to be inserted into the wound, the point following the direction of the scissors downwards and inwards through Tenons' capsule, when, hugging the sclerotic closely, it is to be turned upwards underneath the tendon. The scissors are now to be introduced, the blade next to the cornea, between the conjunctiva and tendon, and the other blade beneath the hook, when the tendon is to be severed close to the sclerotic. After having satisfied yourself that all the fibres have been cut, one suture had better be taken to close the conjunctival wound, when the operation will be completed.

VIBURNUM PRUNIFOLIUM.

BY A. W. BIXBY, M. D., SAN FRANCISCO, CAL.

THE Black Haw is a very common shrub, or tree, growing throughout the United States. The part principally used in medicine, and of which I write, is the bark of the root; and the most desirable preparation is the concentrated tincture, in which is represented a grain of the crude material to the minum of the fluid. Viburnum is a general tonic of considerable power, increasing waste and improving digestion and nutrition. It is diuretic and slightly laxative. It exerts a direct influence upon the uterus, and consequently is a remedy of much value in treating certain female complaints. There is, probably, no remedy known, that is as positive in preventing abortion as this remedy. It suppresses those tantalizing premonitory uterine pains that so often annoys a woman for several days before confinement; also relieves after pain.

Viburnum is an admirable remedy in chronic uterine troubles where there is lack of tonicity in the ligamental and muscular structures of the pelvis. A dragging sensation in small of back and a bearing down sensation in the anterior portion of the pelvic region, are indications for its use.

Viburnum prevented threatened abortion in several instances where it had been habitual from the second to the sixth month. Some of these ladies, referred to, were very anxious

to bear children, and had been treated with various agents to carry them to full term, but without success. The remedy was prescribed alone and thusly:

Rx F. E. Viburni Pruni. 3iv;
Syr. Simp. 3ijss.

M. Sig. Teaspoonful every two hours until uterine pains are arrested. Then one or two times a day. This seldom fails to arrest the miscarriage; and whenever it has failed everything else tried also failed to stop it.

A case: Mrs. E., aged twenty-seven; three children; thin of flesh, pale, nervous, and dark circles under eyes; catamenia irregular, and sometimes small in quantity, at other times profuse; pelvis muscles lax; prolapsus uteri, partial; bearing down, dragging sensations in pelvis and small of back, leucorrhea, appetite variable and bowels slightly constipated most of the time. Had been in this condition for some time, but was gradually growing worse. Prescribed:

Rx Tr. Viburni Pruni. 3iv;
Tincturæ Pulsatillæ,
" Cimicifugæ, 3j;
Syr. Simp. 3ij ss.

M. Sig: Teaspoonful four times a day. Patient improved under the treatment, which was continued for several weeks when she pronounced herself well. This is only a sample of a number of cases similarly treated with gratifying results. Of course the Cimicifuga Racemosa and Pulsatilla are factors in the cure of such cases, but I believe the Viburnum Prunifolium to be the more essential remedy in effecting the cure.

CAUTION IN THE SICK ROOM.

BY DR. W. F. SPRINGSTEEN, OAKLAND, CAL.

IN referring to the above subject some would perhaps claim that I am presuming too much to venture upon giving advice to the practitioner. But the recent fatal poisoning with carbolic acid in this city, is enough to allow a word of advice by way of caution.

A few weeks since, the late Rev. Dr. Cameron was conva-

escing, and so far recovered from his sickness that he was arranging for a visit to the Island of Honolulu, where he was to take charge of a pastorate.

He was still using a cough mixture, and for a small wound upon his foot, carbolic acid; his wife in administering, as she supposed, the cough mixture, unfortunately gave him a teaspoonful of the carbolic acid, in a half-glass of water. The patient died in less than fifteen minutes.

Again, but a few days since, a child seven months old was given, through mistake by the nurse, a teaspoonful of carbolic acid; from effects of which it died in about ten minutes.

Now, some would say, in fact they have already freely expressed their minds in the matter, that it was the fault of the attendants. In part, this is true, but while perhaps it is so, is it not well for the physician to exercise a little caution about allowing such poisonous drugs to be where the nurse would be liable to make a mistake? In either of the above cases, it seemed not an actual necessity to have the acid about. It certainly would not be a fit preparation to dress wounds with unless properly diluted, and if it were so diluted, its effects would not be instantaneously fatal.

In the case of the minister, a physician was in the same room at the time the fatal dose was given, and knew it an instant after; but his prompt efforts afforded no relief to the lamented sufferer, who was only able to exclaim, "what have you done?" and expired.

From observations in the above cases it would seem that there was no antidote to be relied upon in mistakes with this drug. In both cases the bottles were found to have on a poison label, which protected the druggist from blame; and the physician in prescribing such remedies must enjoin upon the nurses, extra care in keeping them away from remedies to be taken internally, and prepare the antiseptic dressings as he wishes them used, and still mark them poison.

The fact is there is no need of having it in the crude state, expecting the nurse to dilute it as she uses it, this is the business of the attending physician; had this caution been observed the results might not have been fatal.

EDITORIALS.

THE NEXT NATIONAL.—The National Eclectic Medical Association will be held at New Haven, Connecticut, June 23, 1882. The Connecticut Eclectic Medical Association will procure accommodations for their visiting brethren. A large attendance is expected. The Western States will be well represented.

THE subscribers of the CALIFORNIA MEDICAL JOURNAL are respectfully invited to remember the editors by paying their subscriptions for the year 1881. We have already received the usual two dollars from many of our subscribers, and we look to them as those that are interested in the JOURNAL, and in the eclectic practice of medicine. We hope others will manifest the same interest.

TO CONTRIBUTORS.

THE different contributors to the pages of our JOURNAL have been rather tardy in forwarding their articles. It is hoped that in the future all articles sent to the JOURNAL will be received at its office the first of the month.

Our San Francisco contributors should be more punctual in their assistance.

Do not forget to report all matters of interest pertaining to the medical science. Do so as concisely and plainly as possible.

IODOFORM.

IODOFORM of late is being received with much interest as a surgical dressing by many eminent surgeons. For years it has been used with success in skin diseases, indolent ulcers, and exuberant granulations, now it is used to an advantage in simple wounds, acting, as is reported, as an antiseptic and anodyne. It prevents the formation of pus, and in this way does away with the necessity of drainage. Whether this agent will take the place of carbolic acid, as an antiseptic, is a question of the future. It should receive the attention and investigation of every physician in this particular.

Massachusetts Eclectic Medical Society.

THE twenty-first semi-annual meeting of the Massachusetts Eclectic Medical Society was held January 11, 1882, Pres. V. Jewitt in the chair.

Essays were read on consumption, modern gynaecology, pneumonia, and many other diseases of like interest. Subsequently, a number of new members were received into the society.

We are always interested in the progress of the Eastern Eclectic medical societies; their success is felt even in California. Their activity gives new strength to those societies that are recently organized.

DR. CORNWALL.

Of all specialists in the practice of medicine and surgery, that of the oculist and aurist demand the most thorough knowledge. It is not one that can be pursued with marked benefit to the diseases it envelopes, without the most accurate practical information. Dr. Cornwall has been elected Professor of Ophthalmology and Otology, in the California Medical College, Eclectic. As a teacher he is plain and concise, which shows that he has profited by his long study in the College of Ophthalmology and Otology, in Chicago, also in the Eye and Ear Hospital in New York. His long attention to this specialty in these cities has made him familiar with all of the diseases and major operations and his years of experience in the same a master of the art. We would recommend him to the profession as an oculist and aurist and hope it will give him its united support.

ACONITE POISONING.

DURING the trial of Dr. G. H. Lamson, a practitioner in London, who is accused of poisoning his brother-in-law, various tests were made in order to learn the agent used to produce death. In their respective bottles were placed the vomit of the patient, the stomach, its contents, the duodenum and urine. An extract was made from the origi-

nal preparations, which contained an alkaloid, and left the characteristic effects of aconitina upon the tongue. Small quantities were injected into the back of mice, and all the symptoms of poisoning by aconitina were present, some dying in fifteen minutes, others in thirty. As traces of the active poison were found in the urine, it was an indication that it had been absorbed into the blood and exuded.

As yet there is no chemical test that will detect aconitina, it being a vegetable alkaloid, its presence is learned only by its physiological action. One-fiftieth of a grain will endanger life, one-tenth being a fatal dose.

HE IS NOT AN ECLECTIC.

DR. C. G. POLK, of Philadelphia, is not an Eclectic. In an article to the *Michigan Medical News*, he makes an emphatic protest against being so classed. He has been informed that his name appears in an announcement of an Eclectic medical college of Detroit, but he says he is not the same C. G. Polk. His sympathy has always been with the *regular school*, and never affiliated with any other. An endeavor has been made to carry him up into the beautiful landscape of Eclecticism, but it proved a failure.

We would respectfully inform our readers that the C. G. Polk of Philadelphia is not an Eclectic, but a very respectable personage. Mr. Polk has been poked too much, and wishes no longer to dance a polk-a to the music of other Polks. May he always be a good regular.

ETHICS IN NEW YORK.

A NEW code of medical ethics has been adopted by the New York State Medical Society at its meeting on the seventh of February. The code is said to be simple and concise, and a good guide to the conduct of one physician toward another. It prohibits advertising by cards and hand-bills inviting the attention of individuals suffering from particular diseases.

One rule that might be observed with marked benefit to

the medical profession, is the examination of the patient by the consulting physician in the presence of the attending, after which both retire to a private room, the attending physician giving a history of the case, and his view of its diagnosis and treatment. Whereupon the consulting physician will present his views. If there are more than one consulting physician, the youngest gives his opinion first. After they have arrived at an agreement the result is related to the patient, or some responsible party, by the physician in attendance. Another practical and humane idea is inserted in the following paragraph:—

“Members of the Medical Society of the State of New York, and of the medical societies in affiliation thereto, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.”

As the State Society is willing to recognize all competent medical men, no matter from what school, it is presumable that the county societies will follow its example, and that the American Medical Association will no longer feel itself bound down by unjust and impractical rules, but will follow in the footsteps of the great medical center.

CALIFORNIA MEDICAL COLLEGE.

THIS is the most prosperous session this college has held since its organization. It has a corps of professors second to none. Gentlemen of practical experience and thorough culture, who are not only proficient in their special branches, but in every department of medicine.

It has passed through trying times, overcoming all obstacles, until it is firmly established on a permanent basis. The friends of the institution can now look cheerfully forward to a promising and successful career.

The class is composed of intelligent students who are industrious and persevering; showing a degree of proficiency, creditable both to themselves and the college. All the gradu-

ates of the two former sessions are doing a lucrative business, and we bespeak for those who shall graduate at the end of this session, a cordial reception from the profession and public.

By the spreading of eclecticism, we shall break down the walls of medical intolerance and bigotry. We welcome the day when creed shall be eliminated from the different systems of medicine, and all shall unite on the true eclectic plan, of selecting and adopting the good and useful wherever found.

The commencement exercises will take place in the College Hall, on the evening of the 26th of April next. The trustees and faculty would be pleased to see as many of their friends present, on that occasion, as can make it convenient.

A TRIUMPH FOR LEGITIMATE PHARMACY.

THE suit instituted by Allen & Hanburys, of London, England, against Parke, Davis & Co, of Detroit, Michigan, for the use of the name of the drug "Tonga," and to restrain them from further selling the drug, after being vigorously contested for four months, has been withdrawn, and all the costs assumed by the complainants. This is a triumph for legitimate pharmacy, though it would have been more satisfactory had there been a decision rendered by the Court.

The point at issue was, "whether any one has a right to monopolize to themselves the exclusive use of the only name by which an article, not patented, is known."

Nostrum compounders, and patent medicine venders, claim this right under the laws relative to trade-marks, but it is a questionable assumption.

The enterprising firm of Parke, Davis & Co. deserves the thanks of the medical profession for their relentless war against proprietary medicine. This has grown to a gigantic evil, and it is time the profession exerted their united opposition against this invasion on the domain of legitimate medicine.

On this question we quote from an editorial in the February number of the *Therapeutic Gazette*, which meets our views:

Divested of its personal element, which was a very insig-

nificant feature of the case, the recent suit brought by Messrs. Allen & Hanburys, of London, England, through their American agents, Messrs. Schieffelin & Co., of New York City, against Messrs. Parke, Davis & Co, of Detroit, was nothing more nor less than a desperate attempt on the part of the nostrum interests to break through the systematic cordon with which the determined efforts of the latter firm are encircling them. Through a long series of years the nostrum trade has been invading the province of legitimate medicine, and gradually, year by year, the territory has been confiscated until the operations of the scientific physician have been largely restricted to the field of acute diseases more or less dangerous in their nature. The vast field of chronic ailments and of affections of a more trivial and less dangerous nature has been monopolized by the nostrum vendors, and as a result every druggist in the country, very much against his inclinations, we believe, in the majority of instances—for druggists would much prefer a legitimate prescription trade—becomes an “acting physician,” while every cross-road grocer is also made to usurp the prerogative which is alone that of the educated physician. *Pari passu* with this demand for nostrums, stimulated by extensive public advertising and appeals to the weak side of human nature, there have sprung up immense monied interests in which in this country alone a ten-fold larger capital is invested than is invested in legitimate pharmacy. The medical profession have, during all these years in which this spoilation has been going on, sat listlessly by; so insidiously have their rights been invaded that the law of accommodation has prevented them from feeling the injury, and they have accounted in some other way than by attributing it to this invasion, for the fact that the average professional income has dwindled down to less than \$1,500 per year.

SELECTIONS.

PAUL BERT ON ANÆSTHETICS.

IN an important paper relating to the use of anæsthetics, communicated to the Paris Academy of Sciences by M. Paul Bert, the new French Minister of Public Instruction, experiments are described in which dogs, mice and sparrows were kept in chambers containing air alone with various proportions of some anæsthetic. In a graduated series of such mix-

tures of increasing strength one is found just sufficient to cause insensibility, and proceeding higher a dose is reached which kills. The interval between these points (the anæsthetic dose and the fatal dose) M. Bert calls the working zone (*zone maniable*). He has sought to determine it for various agents—chloroform, ether, amylene, bromide of ethyl, chloride of ethyl—for the animals named, and has reached the singular result that in all these cases the fatal dose is precisely double the anæsthetic dose. Thus, for example, in the case of mice submitted to chloroform, six grammes of chloroform vapor in 100 litres of air cause insensibility, and twelve grammes are fatal. When an animal is made to breathe, in the way indicated, a mixture about the middle of the working zone, it is very quickly anæsthetized, and remains perfectly quiet during the whole experiment, two hours in some cases, not requiring any attention or concern; and the contrast in this respect to the ordinary methods by compress, sponge, etc, is striking. In the latter case, indeed, M. Bert points out, a patient alternately breathes, according to the quantity of chloroform in the compress, or its distance from mouth and nose, a mixture of air and chloroform either below the active dose, or within the working zone, or at or beyond the limit of safety; and a fatal result in the last instance is not always warded off by prompt removal of the compress. The working zone is often very narrow; in the case of chloroform, while eight grammes in 100 litres does not suffice to render a dog insensible, twenty grammes kills it. Ether is much less dangerous, for between the active and the fatal doses of it there is an interval of forty grammes. An anæsthetic acts, not by the quantity respired, but according to its proportion in the inspired air; hence, the statements of surgeons as to how much chloroform they put on the compress have little value. M. Bert recommends the use of a mask, communicating by a tube with a zinc reservoir holding 200 or 300 litres of the anæsthetic mixture. The pulse and the respiration need no attention. The most delicate matter would be the determination of the lower limiting dose. The

author's experiments here give no guidance. The doses varied greatly for dog, mouse and sparrow, always less for the mouse than for the dog. They were always greater for the sparrow than for the mouse; and in the case of chloroform and amylene they were about equal for the sparrow and the dog. Among other facts, it is stated that the mixture alters very little in strength, except in the first instance. Experimenters have sometimes been mistaken as to the fatal proportion of chloroform in air, though using potash to absorb carbonic acid; this substance rapidly decomposes chloroform. Once more, the working zone for protoxide of nitrogen is more extensive than for the substances specified; the ratio between the limiting doses being one to three.—*Medical Gazette*.

THE IODOFORM ERA IN SURGERY.

IN an address, delivered not long ago, by Professor Podrazky, before the Vienna Society of Military Surgeons, a new epoch in the treatment of surgical diseases is announced. The epoch-maker in this case is iodoform, and its introduction is held to be as great an advance as Listerism ever was.

The use of iodoform in the treatment of wounds undoubtedly deserves the careful attention of surgeons. The uses of this drug in dermatology, syphilis, and gynecology, are well known, and its value here is a thing quite apart from the recent application of it to surgery. It is hardly two years ago since Mosetig called attention to the value of iodoform in the treatment of unhealthy wounds with fungous granulations, of tuberculous and scrofulous ulcers, cold abscesses, etc. In the first part of 1881 he announced remarkable results from its use in amputations, resections, as well as in various other surgical conditions. The new treatment was adopted by Billroth in his clinic, and it soon spread to other hospitals. It has already been introduced into New York, and is employed in several hospitals here.

The method of using the iodoform dressing is quite simple. The wound used to be quite filled with the pulverized drug.

At present, however, instead of this, iodoform-gauze is employed. This is covered with cotton-battting, and the whole enclosed and made air-tight with gutta-percha paper. In cases where there are fistulæ, crayons made of iodoform and gelatine (one part to two), or of iodoform and tragacanth, are inserted.

The advantages claimed for this method of treatment are: that it is absolutely aseptic; there is no formation of pus, as a rule, but only a serous secretion, such as is found under the Lister dressing; that it is simple, cheap, and convenient; the bandages can be left on eight, fourteen, or even twenty days, without harm; it is, thinks Podrazky, the ideal antiseptic dressing for armies; that no drainage is needed; that the iodoform has an anodyne effect; that it secures, in fact, all the advantages of perfect asepsis without the inconvenience, expense, or liability to failure, which belong to Listerism proper.

One inquires, naturally, what are the evidences to substantiate such claims. These cannot be given with any completeness. In a recent article in the *Archiv fur klinische Chirurgie*, Dr. Mikulicz gives the results of the treatment in the Vienna General Hospital, under Billroth. These results are very favorable. Three sets of cases are given: one in which fresh wounds from injury or operation were treated; a second, including septic, or gangrenous or dyptheritic wounds; a third, including scrofulous ulcers, caries, and necrosis of bones. (The treatment is not applicable where first intention is desired.) The total number of cases reported is thirty-two, which represents only part of those thus treated.

There have been other contributions to this subject, but the tenor of them has been to confirm the statements first made by Mosetig.

The physiological action of the iodoform has been investigated by Binz and Hogyes, its toxicology by Oberlander, its antiseptic powers by Mikulicz and Panerth. Iodoform, when applied to fresh tissues, is very quickly absorbed, being probably dissolved in the fat of the tissues and blood. It reappears in the urine and saliva often within from three to six

hours. Iodoform is said to be in part decomposed when applied to fresh wounds. It contains 96.7 per cent. of its weight in iodine, and this is set free. In its nascent condition the iodine is powerfully antiseptic; yet iodoform is not antiseptic except when it is constantly supplied directly to the tissue. It is then very active indeed; but wounds must be kept well supplied with it. These are the conclusions drawn from Mikulicz's and Panerth's experiments.

That there is some danger connected with this mode of treatment cannot be doubted. Iodoform in large amounts (gr. xxx.-xl. per day) produces toxic symptoms: headache, muscular twitchings, malaise, vomiting, intoxication, and delirium. Persons who have been thus poisoned generally recover in a week or two. Since its use in the Vienna Hospital, several slight cases of poisoning have appeared, and one fatal case. This last was that of a weak child with a cold abscess, in which forty grammes (3 x.) of iodoform were placed. Podrazky has, however, used fifty grammes upon a wound after operation, with no toxic symptoms. The use of iodoform-gauze lessens the amount of the drug needed, and it seems probable that, with any reasonable care, the danger of getting toxic effects will be very slight.

There are some individuals, chiefly women, who have an idiosyncrasy against iodoform. This, it is suggested, may be due in part to its disagreeable smell. The odor of the drug cannot be disguised without effecting some chemical change. Peruvian balsam is probably most efficient, but this addition is a stimulating and irritating one. The essential oils have very little effect. A mixture of equal parts of iodoform and tonca-bean is perhaps as good as anything. The Germans speak slightly of the odor as a thing of small importance, and, on the whole, not particularly displeasing to Teutonic nostrils. The American patient does not adapt himself to bad smell so easily. Nevertheless, if iodoform is at all what is claimed for it, we can easily forgive its offense to the special senses. It should be given a thorough and careful trial.—*Med. Record.*

**ON THE OCCURRENCE OF SUPPURATION IN-
DEPENDENT OF MICRO-ORGANISMS.**

THE question, can suppuration occur independent of micro-organisms, forms the title of a valuable paper in the October number of Virchow's *Archiv*. The author is Dr. Uskoff, of Cronstadt. He shows how unsettled are opinions on the subject up to the present time. Referring to Dr. Ogston's researches, he bears in mind the fact that bacteria could not be discovered by that observer in cold abscesses; this, however, only implies sterilization of the pus, and, therefore throws no light on the share which organisms might have taken in the formation of that fluid. With the assistance of Dr. Ponfick, Dr. Uskoff has made a series of experiments. Various mechanical and chemical irritants were injected into the subcutaneous cellular tissue of dogs. The seat of injection was previously shaved, washed and punctured with a knife cleaned in carbolic acid. After from three to five days, a piece of skin and subcutaneous tissue was cut away, a short distance from the seat of the injection. The fragment was then hardened, stained, and examined microscopically. The fluids employed were distilled water, boiled and cooled before use; milk, first boiled and then filtered, whilst still hot, through blotting-paper; olive oil, also boiled before injection; turpentine; oil and turpentine; carbolic acid and turpentine; and, lastly, pus.

Injection with distilled water was followed in two cases by complete healing and absence of pathological appearances; in others by small abscesses, sometimes invisible to the naked eye; their pus contained micrococci. The milk-injections gave similar results. After injection with oil, abscesses, with pus containing organisms, formed in several cases.

The results of injection of turpentine, oil and turpentine, and carbolic acid and turpentine, were most interesting. Large abscesses frequently formed, or pus appeared freely diffused in the tissues; but, except in one very doubtful case, no micrococci could be discovered, though, in one instance, these organisms swarmed in the pus, flowing from the wound pro-

duced by the removal of the fragment required for examination a day previously. Hence, concludes Dr. Uskoff, we may safely attribute the suppuration to the irritation of the injected turpentine. After the injection of pus, when the fluid was taken from the dogs upon which the turpentine had been employed for these experiments, suppuration followed in two or three cases, but bacteria were found in the pus. This pus was at once injected under the skin of the two dogs, with no result. Some more pus from one of the dogs, where turpentine had been employed, was exposed for four days in an open watch-glass till all odor of turpentine had disappeared and organisms could be found. This pus was injected, but the wound healed at once.

Considering these results, including certain details not given above for want of space, Dr. Uskoff ends by noting that non-irritant fluids, when injected, produce no suppuration if employed in very small quantities. But violent inflammation, with formation of pus, follows their injection in greater quantity, or repeatedly, though in small quantity, in the same spot. Ordinary pus from abscesses, even when containing bacteria, is non-irritant when only a gramme or two is introduced into the wound. Turpentine always causes violent suppurative inflammation, and, at least when that fluid is used pure, no organisms are to be found in the pus. Injection of a quantity of any fluid, however bland, tears up the tissues, even when gently introduced. The presence of bacteria in pus produced by injection of the non-irritants employed for these experiments, might be due, according to Dr. Uskoff's opinion, to the great difficulty in disinfecting such fluids before use. He still admits that micro-organisms are the cause of many cases of suppuration, but, as his experiments prove, they are by no means the invariable primary agents in that process; indeed, they may take no share in it at all, for the most violent suppuration may go on without them, and be traced, by experimental proof, to severe chemical irritation, especially when accompanied with mechanical damage to the tissues.—*London Medical Record.*

THE FIRST RESECTION OF THE STOMACH FOR GASTRIC ULCER.

ON November 21, 1881, Dr. Rydygier, of Kulm, performed the operation of partial resection of the stomach in a case of perforating gastric ulcer with dilatation. The fact that the patient has, up to the present time, been greatly benefited, gives some justification to this most radical and venturesome mode of treatment, and the operation, as thus applied, in a new class of disease, may, in a certain minor degree, be considered an epochal one. The patient was a married woman, thirty years of age. In 1878 the first symptoms of gastric trouble came on, but they were not severe until the beginning of 1880. She then commenced to have acid eructations and frequent vomiting. In February she vomited blood and had bloody stools. After that date the vomiting kept up in a very regular manner. The patient would, for a few days, feel tolerably well, the abdomen would increase in size, then she would be feverish, and feel ill for two or three days; finally, the whole culminated in attacks of vomiting, in which the stomach emptied itself of eight or ten quarts of liquid and solid matters.

When the patient was examined, previous to the operation, the bodily organs were found to be healthy, with the exception of the stomach. Five litres of water were poured into this organ, and its boundaries well marked. The greater curvature reached to the symphysis, the lesser to a point just above the navel. The diagnosis was: ulcer of the pyloric end of the stomach, with consequent constriction of the pylorus and great dilatation of the rest of the organ.

The patient was prepared for the operation by daily washing out the stomach with salicylic acid water.

The details of the operation are given by Dr. Rydygier, with great minuteness, in the *Berliner klinische Wochenschrift*, where the case is reported.

The abdominal wall was divided in the linea alba for the distance of 10 ctm., the larger half of the incision being above the navel; the drawing out of the pylorus was then

accomplished with no great difficulty. The separation and removal of the diseased part was, however, attended with much trouble and delay. The pylorus was immensely thickened, and firmly bound posteriorly to the pancreas, so that a portion of that organ had to be removed, as also some of the omentum. The whole pyloric sphincter, with the part of the posterior wall in which lay the ulcer, was removed. The piece measured anteriorly, 1.7 ctm.; posteriorly, 5 ctm. in length. It contained the pyloric orifice, whose lumen just admitted a No. 9 bougie. The ulcer was two-thirds of an inch deep, and nearly two inches long.

The stomach was united to the duodenum by thirty-two internal and twenty-nine external catgut ligatures. The lines of union were powdered with iodoform.

The progress of the patient after the operation was almost uninterruptedly favorable. There was a little vomiting for the first few days. Food was given by the rectum for the first four days, then soup was taken by the mouth; two days later there was a passage from the bowels. The temperature rose at times to 102° or 103°.

Six weeks after the operation there had been no return of the attacks of vomiting, the digestion was good, and the patient was reported to consider herself well.

Dr. Rydygier's operation must be considered a most brilliant feat of surgery, looked at from whatever point of view.

There are, however, very few cases of gastric ulcer which present just the combination of pathological conditions which might indicate resection. The actual permanent benefit of the present operation has also yet to be determined. The regulating action of the pylorus is likely to be interfered with, and pyloric incontinence, as Ebstein has shown, is a condition which may excite many bad symptoms.

M. PAUL BERT has established at the College de France a Laboratory of physical Biology. MM. Brown-Sequard and d'Arsonval have been appointed directors.

DIVINE AND CLASSIC MEDICINE.

BY MYRON JONES, M. D.

THE Iliad of Homer is a poetic work, yet mythically historical withal. If it were not for this famous production, we should know little of the communion of gods and men in mythical times. The sacred city of Troy, now undergoing exhumation, was besieged by the illustrious Greeks, and was stubbornly defended by the patriotic and warlike Trojans; and Homer, in hexameters, afterwards recited the martial stories. Podaleirius and Machaon, sons of *Æsculapius*, and chirurgeons too, ranking among the foremost in the army, did heroic deeds on every well-fought field. When Machaon, severely wounded, was carried from the bloody contest, patriarchal Nestor ordered that he be scrupulously cared for, saying,

"A wise physician, skilled in wounds to heal,
Is more than armies to the public weal."

To Asclepios (*Æsculapius*) the serpent was sacred, and entwined the staff of the god of medicine. Possibly snake poisons and charms were associated with the mysterious power of remedies.

Hygeia was the daughter of Asclepios, and her mission was to preserve health, and thus contribute to her father's fame. Temples were built to her glory, and libations of water were pleasing to her.

Asclepios was the son of the god Apollo, and his mother was a Thessalonian princess. The father, though skilled in medicine, committed the care and education of his son to Cheiron, who was acquainted with medicinal agents that healed the diseases of mankind. Cheiron was the son of Saturn, an Olympian celestial.

Here, then, is an unbroken succession of physicians who descended from deities on the paternal side; and there is royal blood on the maternal side. This goes far to show that medicine is of divine origin, and therefore an exalted calling.

What is not a little interesting, the gods of antiquity, though immortal, were not exempt from wounds, pains, and morbid invasions. The family physician of the most noted

deities was the son of Apollo, Asclepios. The obstetric art was practiced in the pagan heaven, and Lucina presided at the birth of all the gods and goddesses. Lovely Venus, suffering from a wounded hand, went weeping to her mother, like the veriest child, and asked to have the finger done up; Juno was pierced by a dart; and Pluto, transfixed with a spear, went howling to Olympus (heaven, or home of the gods). Mars was covered with many scars obtained in love and war, and thus resembled a mortal bruiser.

Infectious diseases were considered as coming from an angered deity, and to be cunningly suppressed by the incantations of priests and holy men who could intercede with divinities.

In those days there were genuine half-breeds sired by deities and dammed by mortal maidens. The liasons were generally very sly and poetic, and sometimes followed by evil consequences. In those halcyon days fauns and satyrs danced in groves, nymphs bathed in crystal streams; and ambrosial food, washed down by wine from old vintages, was relished alike by gods and men.

The above seems chimerical, yet our Lord and Savior, Jesus Christ, was miraculously begotten, born of the Virgin Mary, grew to manhood on earth like ordinary mortals, and died as such, yet "rose from the dead, ascended into Heaven, and now sitteth at the right hand of the Father Almighty."

This mingling of gods and men in heathen mythology, is considered fanciful, yet in our own grand scheme of salvation, Holy Ghost descends to earth and makes fruitful a human ovum. He (Holy Ghost) begets Jesus, and thus establishes the Trinity—the triple and complete Godhead. All Christendom likes to believe this wonderful story, therefore should we not be charitable towards pagan doctrines that are not more mysterious than our own?

Christ healed the sick, and is called the Great Physician. Through His interposition the lame walked, and the blind were made to see. Surely medicine had a celestial origin, and should be duly honored. And that we may not be unbeknowningly proud, and puffed up with conceit and self-righteousness, let each remember the holy injunction: "Physician heal thyself."—*Eclectic Medical Journal.*

ANTISEPTIC REMEDIES.

BY A. J. HOWE, M. D.

MEDICINES or remedial agents which, on account of their chemical properties or preservative qualities, prevent putrefaction in dead organic substances, are properly called *antiseptics*; and medicines which, when given in diseases where destructive metamorphosis is going on, and either arrest devitalization and consequent disintergration of tissue, or arouse and energize a *constructive* metamorphosis that is potent to stay a deleterious action, and to effect actual repair, should not be denominated *antiseptic*, but restoratives or promoters of restoration, being *active* agencies, and not *passive*. It is not appropriate to say that an energetic peptic is an antiseptic, although chemically it may be such; but the understanding is that the agent actively promotes digestion by contributing lactic acid, or calling it from the coats of the stomach. An antiseptic in a case of stomachic atony is one which neutralizes putrefactive material existing in the stomach, or preserves it from more advanced stages of decomposition, as do charcoal, salicylic acid, and several mineral salts. But *Baptisia* exerts neither of the influences named. It is not chemically antiseptic, neither is it a promoter of constructive metamorphosis to a pronounced extent. Almost all bitter and aromatic herbs are more efficient as resisters of destructive changes, and as energizers of reparative action. Thyme assists digestion, and chemically restrains putrefaction in the stomach, hence in all the ways named it is a better *antiseptic* than *Baptisia*. In a case of diphtheria a solution of bichromate of potassium exerts a chemically antiseptic influence upon the dead and dying animal matter in the throat, and a weak infusion of cloves helps arrest the destructive metamorphoses going on there. At the middle stage of an average case of diphtheria, erysipelas, or other zymotic disease, *Baptisia* is a feeble promoter of constructive metamorphosis, therefore *nux*, *quinia*, and other bitter peptics should be administered; and the best received nutrients should constitute a leading feature in the treatment during convalescence.

In discussing this and kindred topics, we should endeavor to call things by their proper names, and not like subtle cuttle fishes, discharge a flood of ink as a cloud to hide behind.

An *antipyretic* medicine is one which resists the onset of febrile action, and may accomplish the purpose in several ways, but chiefly through impressions made on the nervous system. Aconite and Veratrum are such antipyretics; and the action is *dynamic*, and not chemical. Possibly *Baptisia*, as I said before, exerts dynamically a weak antiseptic action; the effect is never *pronounced*. Not so with Veratrum as an antipyretic; as such the agent produces an effect that is apparent and unquestionable.

In typhoid fever and ordinary cases of blood-poisoning chemical antiseptics do very little good, and sometimes harm, yet the so-called *dynamical* antiseptics—unless they repress destructive metamorphosis and promote that which is constructive—do only imaginary good. When a physician stands by and sees *Baptisia* exert a dynamical antiseptic action, he need not use a magnifier to see a louse on a flea, but rely upon his lively imagination.

I make these statements upon the experience of several years' practice—diphtheria, erysipelas, typhoidal states, and sepsis, generally being under treatment. When a surgical case is being managed, the professional man assuming the responsibility, say in a case of abdominal section, will differentiate and discriminate with more care and comprehension than the practitioner who has a case of simple tonsillitis to manage. The latter, if the case does fairly, as most of such will, is dismissed with the idea that the reputable antiseptic or other remedial agent given, has done wondrous good, when, in fact, the patient would have made as good a recovery on catnip tea, or the billionth dilution of strong moonshine.

Let the average doctor of medicine disenthral himself from the tyranny of opinion that holds his judgment in abject bondage. I have shown that *Baptisia* is not a chemical antiseptic, a step on the right road; and I assert on the results of considerable experience that the agent exerts an unappre-

ciable dynamic action which is metamorphically constructive, or displays an energy that arrests destructive tendencies. Let the average practitioner observe intelligently for himself, and not blindly take the *ipse dixit* of Howe or anybody else.

In this connection the grand old universal prayer of Pope is appropriate:—

"If I am right, Thy grace impart,
Still in the right to stay;
If I be wrong, O teach my heart
To find that better way."

THE OPERATION FOR EXTRIPATION OF THE KIDNEYS.

IN a paper read before the Gottingen Society of Medical Sciences, Dr. J. Rosenbach reviews the subject of extirpation of the kidney, and contributes a case of his own. Dr. Rosenbach naturally thinks that the operation is not performed as often as it should be. He finds in surgical literature the records of sixty-five cases. Before Simon's nephrectomy in 1869, there had been only two cases, one in 1861 and one in 1868. After Simon's case, the operation was performed two or three times every year until 1878.

The general introduction of antiseptic precautions at that time increased the number of cases. In 1878 there were five; in 1879, eight; in 1880, fifteen; and in 1881, nineteen nephrectomies reported.

The indications for the operation, as shown by the histories, are quite numerous. They are enumerated by Rosenbach as follows: 1, tumors; 2, wandering kidney when it causes serious disturbance; 3, cystic kidney; 4, urinary fistulæ; 5, calculi in the pelvis of one kidney; 6, painful affections of one kidney, not due to calculi; 7, pyelitis, or suppurative kidneys, with or without calculi; 8, tuberculosis of the kidney; 9, early injuries; 10, intimate union with abdominal tumors which have to be removed.

The mortality from the operation of nephrectomy is not so serious as might be supposed. In the 65 cases reported, 28 died and 37 recovered. The mortality, however, ought not

to be considered apart from the conditions which led to the operation. Thus, out of the 13 cases in which kidneys were removed on account of tumors, 9 died and 4 got well. In the 9 operations for wandering kidney, 2 died and 7 recovered. In 9 extirpations of hydronephrotic and cystic kidneys, there were 3 deaths and 6 cures. In 17 cases of suppurative kidneys, with or without stones, there were 7 deaths and 10 cures.

The operation for the latter class of cases is the one most frequently performed, and so far it has had the best results. Dr. Rosenbach's case was one of this kind. The patient was a man forty-two years of age, who gave a history of perfect health until the renal trouble appeared. The diagnosis of a unilateral pyelitis, probably from calculus, was based upon the following facts: Attacks of renal colic occurred upon the right side alone; the patient at times passed perfectly clear urine, which contained no casts and was of normal specific gravity; the right kidney was painful and tender, the left was not.

The operation, which was performed essentially according to Simon's method, was successful, and confirmed the diagnosis. The patient recovered, and, four months later, was doing well. The daily amount of urea and urine passed was, as is usually the case, about the same as normal.

STRICTURE OF THE OESOPHAGUS.

AT a meeting of the New York Surgical Society, on December 27, 1881, Dr. Weir presented a specimen embracing the trachea, oesophagus, and stomach, which showed a narrowing of the oesophagus as the result of swallowing oil of vitrol. It was removed from the body of a man aged forty years, who came into the New York Hospital in December, 1880, several months after the accident, for the relief of dysphagia. For a time he was under the charge of Dr. Sands, who was unable to definitely locate the narrowing of the oesophagus, but believed that the constriction was at its up-

per portion. When Dr. Weir came on service he renewed the attempts to define the size and locality of the stricture, but failed in accomplishing either. Urethral olivary bougies of different sizes were arrested just below the cricoid cartilage, but none could be made to engage in the supposed stricture. His examinations occupied several days, and after one of his attempts to introduce a bougie the patient said he could swallow very much better, and his improvement was such that he was able, within a week, to swallow milk more readily. A few days afterward he was able to swallow bread, the crust as well as the soft part. The patient continued to improve in general condition so much that the idea of an operation was entirely dismissed, and he left the hospital soon after. On last Thursday the specimen was brought to Dr. Weir by Dr. Tuttle, formerly house surgeon in the New York Hospital, and at present physician in chief at the Emigrant Hospital, who told him that three or four weeks ago this man was brought into his wards with a cough and a profuse purulent expectoration, and with considerable difficulty in swallowing. He was able to get down only one pint of milk a day. At different times, after coughing considerably, soon after swallowing milk, it was noticed that there were streaks of milk in the expectoration, and the idea suggested itself that there was a communication between the oesophagus and the air-passages. On examination, after death, it was found that the stricture began about one inch below the cricoid cartilage, and extended downward about two inches, at which point there was an opening that was said to have communicated with cavities at the apex of the lung. At the time of the autopsy, as reported by Dr. Tuttle, an instrument not larger than a lead-pencil could be introduced through the stricture. Now, after some two weeks' soaking in Wickersheimer's fluid, a No. 34 bougie *a boule* defined the stricture. There was evidence of ulceration in the oesophagus, below the stricture. The specimen was specially interesting from the fact that it belonged to a class in which, if seen when the symptoms were urgent, gastrostomy or oesophagotomy might have been successfully performed.

A NEW DEPARTURE.

THE New York State Medical Society, at its last meeting adopted a code of ethics which theoretically severs it from the American Medical Association and the medical societies in affiliation therewith. This code of ethics permits consultations with all legally qualified practitioners of the State, and consequently with homœopathists and eclectics. Some important issues naturally arise from this action. Was it really the result of a sincere desire to harmonize the so-called liberal irregulars and the regular profession, prompted by humanitarian feelings, as one of the clauses of this code declares; or was it adopted with the idea of driving the homœopathic specialists to the wall? As this code was adopted through the endeavors of a committee of specialists, as the society rejected the sensible code of ethics proposed by Dr. Roosa, "That no one should be disciplined except for conduct unbecoming a physician and a gentleman," and as certain of the members wanted rather unpractically to exclude all irregular practitioners from even practising medicine, it would seem clear that many members of the society did not fully understand what they were doing in adopting this code of ethics, and that it was passed to suit the private purposes of a few individuals. Be this as it may, its adoption cannot be regarded as a retrograde step.

The New York Society is likely to be followed in this respect by other State societies. Will this policy benefit the public and profession? It may safely be said that, at least indirectly, it will. One great impediment in the way of securing legislation on medical topics, has been the absence of harmony between the regular profession and the homœopathists and eclectics; a harmony necessary to the passage of any desirable law. Mutual inter-consultation with the homœopathists and eclectics will tend to render powerless their assumed air of martyrdom to principle, which has been the chief reason for their continued existence. It will also tend to break down the undue influence upon the public of the seeming magic words homœopathy and eclecticism. Against

these advantages must be set the fact that the regular profession apparently sacrifices a principle which it has always strenuously maintained, but with what wisdom may be a subject of future discussion.

The question now arises, will the American Medical Association exclude the New York State Society from affiliation? The New York State Society is a strong body, and to exclude it for even unprofessional conduct would create a dissension that the most conscientious devotee of our time-honored code of ethics would scarcely be prepared to face. It may, therefore, be assumed that this erring sister will be received as usual at the St. Paul meeting. But supposing the American Association wished to exclude its New York members on the ground of their code of ethics, could it consistently do so? It could not. It has admitted to full affiliation in the Association a medical body that has for years contained homœopathic members of the strictest sect. Not a single voice has been raised against the representative from the Association of Medical Superintendents of Asylums for the Insane, although this Association now contains at least two homœopathists. The medical journals, therefore, who have chronicled the proceedings of the New York State Medical Society, with an expression of alarm at the possible results of its conduct at the next meeting of the American Medical Association, need not be troubled in view of the already noted precedent against taking any decided action on this question.—*Chicago Medical Journal.*

REMOVAL OF THE UTERUS.—Dr. Atthill (*British Medical Journal*, January 28, 1882), Master of the Rotunda Hospital, Dublin, Ireland, removed the greater part of the uterus, by a modified Porro operation, in consequence of malignant disease of the fundus. There was little or no hemorrhage, but the patient died thirty hours after the operation from septic peritonitis. It was shown on the autopsy that a portion of the malignant growth had been allowed to remain in the stump.—*Chicago Medical Review.*

AN ANOMALY.

R. R. PURYEAR, M. D., of Wylliesburg, Va., reports the following very peculiar case in the *Medical Brief* for March:—

“The subject is Miss H—, aged eighteen; well developed; a lady of culture, and a resident of this community, who, from alarm of the approach of small pox in April last, applied to me to vaccinate her, which I did, with virus unquestionable in every respect. On the afternoon of the same day her catamenia appeared, it being the regular time. The pustule passed through all the regular stages, except, perhaps, a little tardy. At the next term, the flow duly appeared, but lasted only twenty-four hours, when it ceased, and with its cessation was ushered intense pain in the abdomen, back and head, which latter promptly yielded to the action of a domestic stimulating diaphoretic tea. Twelve hours later the unhealed pit commenced and continued to bleed passively for two days and nights, at which time I was called to see her. On reception of above history, I ordered a stimulating pedaluvia as hot as she could bear it, the feet to remain in the bath fifteen minutes, then to be removed, wiped dry, and patient put to bed, then to apply hot fomentations to the bowels, and a cloth, saturated with a strong solution of alum, to be applied to the then bleeding pit; and lastly, to give internally a cup of pennyroyal and bayberry tea, as hot as she could drink it. In an hour my patient was bathed in a profuse perspiration, and by morning the vicarious hemorrhage had ceased, and the original catamenial flow re-established, which continued two days, then ceased, as at previous periods. Since this date, the first intimation she has of the approach of the catamenia is pain and tenderness to the touch, with redness and swelling of the vaccine scar, which discomfort maintains to the flow its parallelism till the catamenia ceases. In conclusion, I will add that for the past eight months she has had no other pains or uncomfortable sensations than those felt in the left arm, as above described, and has been perfectly regular all the time.”

Bergh on Vivisection.

Mr. Bergh recently lectured on vivisection at Association Hall. He was hissed and applauded. The hisses came from the medical students, and the applause chiefly from certain long-haired males and females. The lecturer began with the following statement: "If we have no right to torture a man, why torture a dog? Why not perform vivisection on a human being?" After stating that not a single fact tending to benefit mankind had been discovered through vivisection, Mr. Bergh said: "Accident is the parent of all original discoveries. Though millions of animals have been tortured in vain, practical physiology is a solecism, and not a science. It learns nothing, teaches nothing." The usual stock arguments against vivisection were then paraded. In conclusion, Mr. Bergh said: "The moth eats your garments for subsistence, and the savage Indian scalps you for revenge, but the vivisectionists should be placed under a social ban, for Hades cannot produce the scenes they do. Are they the men to call to the bedsides of your families? Why, such professional men are worse than disease itself." This is certainly peculiar logic for a would-be argumentative humanitarian to use, but its peculiar character may be better judged by a knowledge of the fact that Mr. Bergh recently proposed to cure pauperism by a resuscitation of the whipping-post. It is the old story repeated of Howard maltreating his children, and yet weeping over the woes of convicted felons.

THE TRANSFUSION OF SALINE SOLUTIONS IN CASES OF HEMORRHAGE.—Several years ago Goltz tried to show that in severe hemorrhages the cause of death was not so much the loss of red blood-corpuscles as the emptying the arteries of fluid, so that their cavities were incompletely filled. Dr. E. Schwartz, of Halle, acting upon this view, experimented with dogs, and found that when they were almost moribund from loss of blood the injection of alkaline saline solutions restored them, rapidly raised the blood-pressure and relieved the symptoms. The next thing is to try it on man.

Hydrobromic Acid in Fever.

Dr. D. W. C. Wade, of Holly, Mich., writes: "Will you have the kindness to publish the following:—

"From *The Medical Record*, February 18, 1882: 'Simple Continued Fever.—Rx. Acid. hydrobrom., 3j.; syr. simplicis, 3 ij., aq. ad. 3j. M. Sig.—Every hour.—Fothergill.

"Dr. Fothergill, in speaking of the above formula, says it will probably constitute *par excellence* the fever mixture of the future. It is especially indicated when there is cerebral disturbance."

"From the *British Medical Journal*, July 8, 1876; *Braithwaite's Retrospect*, January, 1877:—

"Bromohydric acid. By Dr. J. Milner Fothergill, Assistant Physician to the West London Hospital, etc. The utility of the bromide of potassium is now generally acknowledged by the profession, and its effects upon the nervous system are often of the greatest service. At the same time, it is not readily combined with several agents with which it may be advantageously administered, as quinine, for instance. Last year I abstracted for the London *Medical Record* (April 20, 1875), a paper by Dr. DeWitt C. Wade on this agent, which appeared in the *Peninsular Journal of Medicine* (Detroit), in February, 1875. He described there the usefulness of bromohydric acid, especially in obviating the headache which is produced in some persons by quinine. From what he said, I handed over his paper to the dispenser of the West London Hospital, and commenced to prescribe the new remedial agent. . . . I will therefore briefly relate the conclusions arrived at after a twelvemonth's experience of the drug. . . . Dr. Wade states that it is useful in the treatment of fever. It would seem the acid *par excellence* where there is much cerebral excitement in pyretic affections, but of this I have no personal experience."

GRAY'S ANATOMY has been translated into Chinese and published in six volumes at Foochow.

Carbolic Acid Internally in Typhoid Fever.

DR. VAN OYE, of Lille, claims (*Le Progres Médical*, January 21, 1882), concerning carbolic acid, that it is an agent capable of acting on the nervous system of man and animals in such a way as to decidedly lower the temperature. Doses of carbolic acid which are without effect on the normal temperature may suffice to lower a febrile temperature. This depression of hyperpyrexia may occur among all febrile cases whether contagious or not. The depression of temperature may come on within a few moments after absorption of the remedy, may amount to one or two degrees and may last three or four hours, all dependent on the dose. This depression of temperature depends on the loss of heat from the cutaneous hyperæmia and more or less abundant perspiration produced by the ingestion of the remedy. A chill and the phenomena of the febrile attack come on when the antipyretic action of the remedy has spent its force. The thermometer then rises rapidly to the height it had attained or even beyond that. A second dose may interrupt this febrile re-appearance and even prevent it if given in time. The doses sufficient for an antipyretic action have no toxic effect on the patient. The doses given by Dr. Van Oye seem large. He gives five centigrammes per rectum. There are certain dangers attendant upon the long-continued use of the remedy; albuminuria, polyuria, and pulmonary congestion. It must be obvious that although Dr. Van Oye's results tend to corroborate Dr. Desplats' researches which were mentioned in the *Review*, January 5, 1881, there is much of a dubious nature in them.—*Chicago Medical Review*.

A PATENT MEDICINE MAN KILLED BY HIS OWN MEDICINE.—The Oil, Paint and Drug Reporter states that James W. Teale, of Brooklyn, agent for James' Fever and Ague Cure, died rather suddenly last month, a victim to overdoses of arsenic, contained in the preparation for which he was agent. This is a remarkable case from the fact that it records the only known instance of a patent medicine man's having the temerity to take his own compound.—*The Chemist and Druggist*, December 15, 1881.

Further Conclusions Regarding the Iodoform Treatment.

MOSETIG-MOORHOF, in a recent communication in the *Wiener Med. Wochenschrift*, comes to the following conclusions regarding the iodoform treatment: 1. It is almost a specific against local tuberculous processes. 2. Fungous granulations should be removed before it is applied. 3. Iodoform placed upon non-fungous surfaces is the surest antiseptic. 4. It is absorbed and excreted through the kidneys. 5. It excites a painless and rapid granulation process and prevents septic absorption. 6. The heating process is general a febrile; the powder sprinkled on the surface of the wound does not prevent primary healing. 7. Drainage is necessary. 8. Redness and swelling occur rarely, and then from retention of secretions. 9. No other disinfectant is necessary. 10. The iodoform treatment is the cheapest and surest of any; iodoform keeps for a year. 11. Iodoform is the antiseptic for operations in cavities—*i. e.*, the mouth, bladder, rectum, etc. 12. It can be deodorized with tonka bean.

Anæsthetic Mixtures.

THE Vienna mixture, with which eight thousand operations have been performed without an accident, consists of ether, 3 parts; chloroform, 1 part. Billroth's favorite anæsthetic mixture is chloroform, 3 parts; ether, 1 part; alcohol, 1 part. An English mixture, known as A. C. E. mixture, consists of alcohol, 1 part; chloroform, 2 parts; ether 3 parts.

Owing to the different volatility and specific gravity of the various anæsthetic liquids, the vapors have, necessarily, a different composition from that of the mixtures themselves. The value of a mixture must therefore, in part, be determined empirically. Some experiments have been made in the mixing of heart-stimulants with chloroform. Sanford mixed one pound of chloroform with two drachms of amyl nitrite. Others have added oil of turpentine to the chloroform. The objection so far has been that such mixtures cause a headache.

Treatment of Frequently Recurring Erysipelas of the Face.

THIS affection is very annoying to the patient, for, in spite of every precaution, it will recur again and again. If any cause can be discovered, such as bad drainage, it should at once be remedied; but, whatever other hygienic or medical treatment be employed, some local application is generally necessary. All these applications are either disfiguring or disagreeable, or totally inefficient. For many years my father and I have used with entire success a strong solution of tannin (four to eight grains to the drachm of spirits of wine and water). This application, which is not disagreeable to the patient, should be painted over the parts affected with a soft brush every two or three hours, and allowed to dry, the patient being careful to keep the face from the fire. If there be a tendency to frequently recurring erysipelas, it is well to keep the tannin at hand, as it will always arrest a threatened attack.—James Braithwaite, M. D., Leeds, in *British Med. Jour.*, April 30, 1881.

Prota-Giurleo on *Ditana Digitifolia* as a Galactagogue.

WITH this plant, a native of Brazil, Prota-Giurleo (11 Farm. Ital., 1881) experimented upon nursing women. It was found that under its administration, either in the form of an aqueous infusion or an ethereo-alcoholic tincture, milk could be made from the mammae upon the slightest pressure. The drug has a selective influence over the mammary glands. It promotes, increases, accelerates, and even brings back the secretion of milk. The author has prepared a liquor named "galattofore," which is readily administered to mothers and nurses. Of this tincture one to three tablespoonfuls are added to half a litre (about 0.8 pint) of water, or better, to infusion of chamomile, and thus taken in divided doses during the day. The remedy is recommended in the case of mothers and nurses whose milk is scanty, and nurses in maternity hospitals, who are compelled to suckle several children.—*London Medical Journal*.

**CHOLECYSTOTOMY IN A CASE OF DROPSY
OF THE GALL-BLADDER.**

DR. LAWSON TAIT reports this case: The patient was a woman forty years of age. Different diagnoses had been made, such as cyst of a floating kidney, tumor of the head of the pancreas, and dropsy of the gall-bladder. Finally the opening of the abdomen was decided upon. In the median line an incision was made, extending two inches above and the same distance below the umbilicus. The aspirator needle being introduced into the summit of the tumor, from twelve to fifteen ounces of a whitish fluid escaped. The gall-bladder was then opened. On inserting the finger into it, the pressure of a freely movable calculus was ascertained, and on further examination, another rather larger one, pyriform in shape, was found obstructing the cystic duct. It was deeply imbedded in the walls of the latter, and was undoubtedly the cause of the dropsy. This calculus was extracted with great difficulty, on account of the extreme mobility of the gall-bladder, and the intimate adherence of the foreign body to its walls. Lithotripsy was practiced with great care. The nucleus of the calculus was crushed by means of a pair of pincers. The cavity of the gall-bladder was then washed out in such a manner that not a fragment of the stone remained. Finally, the incision in the gall-bladder was united by suture to the upper extremity of the abdominal wound, leaving a free opening communicating with the viscous mentioned. The rest of the abdominal incision was closed in the usual way. The wound in the abdomen was washed with antiseptic solutions. Nothing noteworthy occurred. Bile flowed normally, until September 3d, sixteen days after the operation, when washing with the solution was replaced by the application of zinc-ointment. By September 9th the wound had cicatrized, and on the 20th the patient returned to her home, having gained thirteen pounds during her stay in the hospital. In a case of this kind, Dr. Tait advises that an explorative incision be made early, in order that the nature of the disease may be ascertained, and the necessary operation performed. Antiseptic precautions should also be employed.—*Archives Generales de Medecine*, June, 1881; *Medico-Chirurgical Transactions*, vol. xlv., 2d series.

Visceral Syphilis—Specific Nephritis.

M. BARTHELEMY at first quotes from the London Clinical Society. At a meeting of this body, held in January, several cases of hereditary syphilis were reported, in which, among other affected organs, the kidneys had been involved, being the seat of parenchymatous nephritis. Referring to such patients, Dr. Hutchinson stated that when death occurred as a consequence of syphilis, the fatal result was directly due to the nephritis. Dr. Coupland was convinced that patients who had been suffering for a long time from syphilis acquired a true predisposition for parenchymatous nephritis, and were liable to death from this condition. As a result of his personal researches, M. Barthelemy offers the following: Nephritic lesions are among the complications of all the stages of syphilis, even of the acquired disease. Such nephritic complications are always grave. Nevertheless, they are sometimes curable, not only when they occur in adults as a result of acquired syphilis, but also in children affected with the hereditary disease. Together with other specific lesions, they have this characteristic in common: their gravity is in proportion to the age of the patient's syphilis, and the period of time which has elapsed before specific treatment was begun.

In children affected with hereditary syphilis, specific nephritis should always be taken into consideration, when the patients are subjected to accidents for which nephritis may be held accountable. When a physician meets with nephritis in an adult, he would do well to think of the possible specific origin of the renal difficulty, in view of the great number of cases of unsuspected syphilis.—*Annales de Dermatologie et de Syphilographie*, April, 1881.

NEW REMEDIES FOR BRIGHT'S DISEASE.—Dr. S. Neumann, assistant to Professor Schrotter in the Vienna Hospital, reports upon the use of fucusin, amyl nitrite, and pilocarpin in Bright's disease. He found them all of very little use.

Morphine in the Treatment of Puerperal Eclampsia.

DR. GEORGE W. ORR, of Central Mine, Mich., sends us the history of a case which illustrates very pointedly the efficacy of morphine, at times, in puerperal eclampsia. Dr. Orr's letter was suggested by the report of a similar case by Dr. Cooley in the *Record* of December 24, 1881.

The patient in question was a primipara, aged 19, who had been in labor for several hours, with very little progress made. Dr. Orr was then summoned in haste and found her in convulsions. He administered chloroform freely, and exerted every effort to dilate the os, with but little success. Dr. Lamburgh was sent for and arrived late in the afternoon. Despite all efforts the patient had twenty-two convulsions. At six o'clock Dr. L. suggested morphia sulph., and a fourth of a grain was given hypodermically. She immediately dropped off into a quiet sleep, which was continued for nearly an hour. The os was then found to be soft and yielding. As the patient was becoming restless, one-fourth of a grain was again administered and soon after she was delivered of a small male child. She was then resting well. Dr. Orr remained the greater part of the night, and administered sal. brom. and chloral-hydrate at irregular intervals. She had no convulsions after morphia was administered. Her recovery was rapid and complete.

EXTIRPATION OF THE LUNG.—Gluck (*Berliner Klinische Wochenschrift*, No. 44, 1881), after several experiments on rabbits, concludes that since extirpation of the lung in these animals has been successfully performed, it may yet be considered admissible to perform this operation on man, in case of abscess or gangrene of lung, bronchiectasis, pulmonary cavities in, or tumors of the lung. He applies to the treatment of the lung the old maxim: "Where there is pus, cut; where there is hemorrhage, ligate; where there is a tumor, extirpate it."

A DENTAL DEPARTMENT has just been added to the University of California.

Transfusion—Auto-Transfusion.

DR. ERICH spoke of transfusion in cases of collapse from post-partum hemorrhage. In one case he had tried Aveling's instrument, using the arm of the patient's son to get the blood, but could not get the blood to flow, because clots formed in the instrument. He thought defibrinated blood should be employed. He preferred auto-transfusion. About $\frac{3}{4}$ vj of blood is all that can be safely introduced by transfusion, and this amount can generally be obtained from the lower extremities by squeezing and bandaging them and elevating the feet of the bedstead. Electricity is one of the most efficient agents to excite contractions.

In an experiment upon a dog he bled the animal "within an inch of his life," then injected the defibrinated blood back into his veins, and the animal revived.

Dr. Reiche had witnessed the use of the transfusion apparatus once only, and then the results did not impress him favorably. The patient had a uterine fibroid, and bled frightfully at each monthly period. She lingered on, however, recovering each time until the transfusion; although conscious before this was practiced, she was not so afterward, and her death occurred in two days.—*Va. Med. Monthly*, Nov. '81.

HYSTERICAL ANALGESIA IN CHILDREN.—Dr. Thomas Barlow (British Medical Journal, December 3, 1881) reports eight cases of what he calls hysterical analgesia in children. The patients were seven girls and one boy. Dr. Barlow believes that the tendency to feign diseases is rare among children, an opinion with which few paediatricists will concur. The cases are very impure, nearly all of them having epileptiform symptoms. Dr. Barlow was struck by the fact that in one case there was no sign of dementia or paralysis, such as is almost inevitable in true epilepsy. As the patient was only nine years and a half old, it was a little too soon to lay great stress on the non-existence of paralysis or dementia as an essential element to determine the differential diagnosis.

Dangers of Nerve Stretching.

DR. JULIUS ALTHAUS (*British Medical Journal*, January 7, 1882) calls attention to the fatal cases which have resulted from this operation, and to the fact that its risks should be made known to patients and their friends. There have been thus far reported five fatal cases from nerve stretching. Death appears to have resulted from undue violence in stretching the nerve, whereby the medulla seems to have received a shock. In a fatal case reported by Benedikt, severe vomiting and singultus supervened after the operation, followed by paralysis of the intestines and bladder, and ultimately by dyspnœa, cyanosis, and death on the ninth day. Dr. Græme Hammond has reported a case (*Chicago Medical Review*, volume III., 1881, p. 335) in which nerve stretching in locomotor ataxia was followed by an intensification of the symptoms. From these cases it would appear that nerve stretching is likely to be dangerous in case of asthma or certain cardiac or respiratory affections, and that undue violence in stretching the nerve should be avoided. Cases have also been reported in which stretching of both sciatics has been followed by complete and permanent paralysis of the sphincter ani muscle. Therefore great care should be observed in cases requiring stretching of that nerve.

SALICYLIC ACID IN ACUTE RHEUMATISM is discussed by Dr. L. Shafter, Exeter, England, and Dr. W. Strange, Worcester, England, (*British Medical Journal*, December 24, 1881). The former claims that salicylic acid in rheumatism acts only as an antipyretic, and can in no sense be called a specific. The latter gentleman claims that salicylic acid is a specific for rheumatism in the sense that it is an antidote to rheumatic poison. He has treated sixty cases of acute articular rheumatism by salicylic acid, always with good results, and has never had any unpleasant consequences from the acid. Others have, however, not been as fortunate, as witness the numerous reported cases of delirium following the use of salicylic acid in the fever of acute rheumatism.

Bromide of Ammonium in Whooping-Cough.

BROMIDE of ammonium vaunted in the treatment of whooping-cough by Harley, Gibb, and Ritchie, has lately been tried again at the Dresden Clinique for Diseases of Children, with the best results (*La France Medicale*). Korman has convinced himself that from the first doses the frequency and intensity of the fits of coughing diminish. The bromide is administered as follows: Every two hours 15 centigrammes for children under one year of age; 25 to 50 centigrammes for older children, suspended in coffee or in a draft sweetened with liquorice. The medicine should be taken after coughing to avoid its being vomited. Even very young children bear relatively large doses of the remedy. At most there is observed sometimes apathy and somnolence, which disappear in a few hours on the remedy being suspended. The existence of gastric catarrh is a contra-indication for the employment of bromide of ammonium.—*Medical Press and Circular*, Nov., 1881.

TAPPING THE BLADDER through the hypertrophied prostate is discussed by Reginald Harrison, F. R. C. S. (British Medical Journal, December 24, 1881.) He claims that aspiration of the bladder is preferable to the use of the catheter in case of distended bladder, false passages and an enlarged prostate, but that it can serve only as a temporary expedient. Tapping the bladder above the pubes for the purpose of establishing a more or less permanent drain, he says is very much like opening an abscess at its least dependent spot. Tapping through the rectum is an obstacle to defæcation. Tapping the membranous urethra is objectionable as having the hypertrophied prostate behind the opening. The prostate gland he claims is a favorable point for the operation. He has performed this operation in one case with good results. The patient was a man of eighty-four. The great advantage claimed for this operation is the fact that it accomplishes its object without endangering any peritoneal vessel of importance.

INJURIES TO ARTERIES.—Dr. Satterthwaite (Medical Record, December 3, 1881,) calls attention to the following facts in connection with wounds of arteries: First: That the carbolized gut is not always absorbed, and, indeed, may actually retard the union of a wound. Second: That it is not always easy, even under exceptionally favorable circumstances, to find the site of injury in a vessel that has been opened into. In one particular instance, when the locality of the injury was definitely known within a tolerably limited area, full an hour was consumed before the wound could be found, and then attention was only drawn to it by holding in view the consideration already alluded to. Obviously then, in penetrating gunshot wounds of large calibre, where hemorrhage has occurred, the difficulty of finding the precise site of injury to a vessel would be still greater.

REMOVAL OF UTERINE POLYPI.—During a recent discussion at the Paris Academy of Medicine (Medical News, January 7, 1882), the procedures adopted by surgeons for the removal of uterine polypi were brought out. Leon Labbe uses the galvano-cautery; Verneuil, the wire ecraseur; Gosselin, scissors; Trelat contends that each plan has its excellencies, its usefulness depending on circumstances. The latter opinion will probably strike the majority of practitioners as the best founded one.

PERMANGANATE OF POTASH IN SNAKE-BITES.—Between twenty and thirty thousand people die from snake-bite every year in India. Dr. Vincent Richards, who has been experimenting on the efficacy of permanganate of potash as an antidote for cobra poisoning, claims (Indian Medical Gazette) that he has obtained some very remarkable results. When permanganate of potash was mixed with a fatal dose of cobra poison and hypodermically injected, no fatal result followed. He adds, however, that before any definite conclusion can be arrived at, many experiments will have to be performed, not only with cobra, but also with viper poison.

Dowell's Method for the Radical Cure of Hernia.

FOR the performance of this operation only a needle and ligature are required. The needles are curved and double-pointed, with an eye at either extremity, and are about three inches long. The ligature passes through both eyes. Let us suppose a patient before us and the operation to be upon a left inguinal hernia. The surgeon, standing at the patient's left, explores the condition of the external ring by invaginating the scrotum with the left fore-finger. The needle is now entered directly over the ring, carried into and along the superficial fascia, and drawn out at the outer border of the ring. It is now pushed forward until the terminal end has disappeared at the point of entrance. The left forefinger again invaginates the scrotum and is carried to the entrance of the ring, where, by its presence, it can feel and guide the needle, which is now reversed in its course and directed through the external pillar, through the neck of the hernia, through the internal pillar, and made to reappear on the internal line. The third step is now to withdraw the needle at the inner line until its point has escaped the internal pillar, when the needle is again reversed, carried to where it originally entered, *i. e.* directly over the ring, and then entirely withdrawn. It will thus be seen that the needle has entered directly over the point of rupture, traversed both pillars and the neck of the hernia, and reappeared at the point of entrance without having been entirely withdrawn.—*Annals of Anatomy and Surgery*, December, 1881.

CRANIAL OSTEOPHYTES IN CONGENITAL SYPHILIS.—At a meeting of the Medical Society of London, held November 28th last, Dr. Crocker exhibited an infant eleven months old, with symmetrical osseous thickenings each about one and one-half inch in diameter, and located on the frontal bone. The anterior boundaries of the fontanelles were thick, but the posterior were thinner than normal, these latter conditions pointing to the possibility of an intermingling of the two afflictions, rickets and syphilis, since in the latter the edges of the fontanelles, as described by M. Parrot, are nodular and thickened, while in the former they are thin and shelving.

Female Physicians in Russia.

ACCORDING to a daily journal, medicine is much studied by the middle-class women of Russia. Each year seventy female students are admitted to the Medical College, and twice that number apply for admission. The examiners endeavor to stop this over-supply by raising the examination fees, and by increasing the severity of the examinations, but the number of applicants increases. Of the 951 female students who have attended the medical lectures, only four have been implicated in political troubles, while of the 281 women who have been graduated, and the 152 who have been permitted to practice, not one has been arrested. During the Russo-Turkish war twenty-five female physicians were sent to the front. Their devotion to the wounded attracted the attention of the late Czar, and many of them were decorated with medals for valiant services.—*Chicago Medical Review*.

ON A NEW METHOD OF COMBATING INSOMNIA.—Prof. Hoppe, in the *Journal D'Hygiene*, (April 7, 1881,) mentions a plan of treatment in insomnia which he has frequently found successful. It consists simply in rapidly closing the eye-lids twenty or thirty times in succession, and thereby causing fatigue of the depressor palpebræ muscles; this will be followed in a few seconds by an irresistible desire for sleep. The professor recommends this treatment more especially in that form of insomnia which accompanies nervous diseases.—*Cincinnati Lancet and Clinic*.

SMALL-POX IN LONDON.—During the year 1881, one thousand five hundred and thirty-two persons died in London of the small-pox. Of these, three hundred and twenty-five had been vaccinated, and six hundred and thirty-seven neglected that precaution. Whether the remaining five hundred and seventy had been vaccinated is reported to be doubtful. Of the population of London, three million six hundred and twenty thousand are vaccinated, and one hundred and ninety thousand are not.

BOOK NOTICES.

ILLUSTRATIONS OF DISSECTIONS, in a series of original and colored plates, representing the dissections of the human body, by George Viner Ellis and G. H. Ford.—Wood's Library of Standard Medical Authors, New York. Wm. Wood & Co., 1882.

The first volume of Wood's Library, for 1882, consists of twenty-eight colored engravings of minute dissections, with a comprehensive description of each. The engravings are indeed superior, and will be the means of making many a dissection better and more universally understood.

The descriptive text is such that each minute part is given with its relations, office, etc.

The relation that this volume holds to surgery considerably enhances its value.

TREATISE ON FOOD AND DIETETICS, physiologically and therapeutically considered, by W. F. Pavy, M. D., F. R. S.—New York; Wm. Wood & Co. This work belongs to Wood's Library of Standard Medical Authors, 1881.

The subject of food and dieting has been too long neglected by medical authors, while it is one that should receive universal attention. We can think of no subject that the practitioner of medicine ought to peruse with more care than a treatise of this kind. A want of knowledge in administering food is equal to that in administering medicines. He that can scientifically direct the use of the quality and quantity of food in each disease can overcome one of the greatest obstacles to a speedy recovery. Dr. Pavy has written a scientific discourse on an essential subject. This treatise should be purchased by every physician.

A Pathognomonic Sympton of Diabetes.

DR. MAGILOT, as the result of many examinations, considers that a peculiar osteo-periostitis of the alveolar border of the jaw is a constant early and pathognomonic sign of diabetes mellitus.